

2009 Camper Registration Form

Parent/Guardian: Please print or type all information clearly. The entire registration and medical form must be completed and signed in order to register for camp.

Camper's Name _____
First Middle Last

Camper's Social Security No. _____

Custodial Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work () _____ Cell () _____

Parent Email _____

2nd Parent/Guardian or Emergency contact _____

Home Phone () _____ Work () _____ Cell () _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Attending Church _____

Church Address _____ City _____ State _____ Zip _____

Birth Date _____ Grade Completed _____ Age _____ Male Female (circle one)

Camp Session _____ Date of Camp _____

Camp Attending Indian Creek _____ Tippecanoe _____ (circle one)

Roommate – 1st Choice _____ 2nd Choice _____

T-Shirt Size (circle one) Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL A-XXXL

Balance due (line 7) must be paid in full 14 days before the start of the camp session.

Line 1: Camp session fee	(1)	
Line 2: Early registration discount (Subtract \$10.00 if postmarked before May 1, 2009)	(2)	
Line 3: Family discount (No discount for the first child. Subtract \$10.00 from each additional registration)	(3)	
Line 4: Total discount (add lines 2 and 3)	(4)	
Line 5: Subtotal due (subtract line 4 from line 1)	(5)	
Line 6: Enter amount paid with registration Minimum \$25.00 non-refundable registration fee	(6)	
Line 7: Balance due (subtract line 6 from line 5)	(7)	

For office use only

Date Reg Rec'd	CK No	Amount	PT	CH
2 nd CK Rec'd	CK No	Amount	PT	CH

Insurance Information (Your child will not be admitted without this information.)

Is the camper covered by family medical/hospitalization insurance? Yes No

If so, indicate carrier or plan name _____ Group No. _____

Name of insured _____ Relation to camper _____

Please include a copy of the insurance card (front & back) or bring card to check-in.

Permission to provide necessary treatment or emergency care

Your signature below means you give this permission. Please read carefully.

I hereby give permission to the medical personnel selected by the camp manager to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to secure and administer treatment, including hospitalization for the camper named above. I also give permission to the camp medical staff selected by the camp manager to review the medical information enclosed in this document. This complete form may also be photocopied for trips outside of camp grounds.

By signing you are also stating the following: *The health history is correct and complete as far as I know. The camper named above has permission to engage in all camp activities except as noted elsewhere on this form.*

You must sign this form. Your child will not be admitted without your signature.

Parent/Guardian Signature

Parent/Guardian Printed Name

Witness Signature

I give permission for photographs to be taken during the camp session to be used for promotional purposes. Yes No

Make checks payable to ABC/IN-KY and send registration form to the camp at:

Indian Creek Baptist Camp	Tippecanoe Camp
1770 Avoca Eureka Rd	PO Box 23
Bedford, IN 47421	North Webster, IN 46555
Phone (812) 279-2161	Phone (574) 834-4184
Fax (812) 279-6620	Fax (574) 834-1907

indiancreek@abc-indiana.org tippyreg@embarqmail.com

Limited scholarships are available. Contact the camp for more information.

Immunization Dates (Required)

Which of the following has the camper already had? <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatics	Vaccine for:	Dates	Dates	Dates	Dates
		Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
	Tetanus				
	Polio				
	MMR				
	Or Measles				
	Or Mumps				
	Or Rubella				
Has the camper had a TB Mantoux test? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last test: _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Hemophilus Influenza B				
	Hepatitis B				
	Varicella (Chicken Pox)				

Date of last physical exam _____
 The camper must have had a physical exam no more than 2 years before the camp session for which they are registering.

General Questions (use additional sheet to explain Yes answers)

Has/does the camper:	Yes	No
Had any recent injury, illness, or infectious disease?	_____	_____
Have a chronic recurring illness or condition?	_____	_____
Ever been hospitalized?	_____	_____
Ever had surgery?	_____	_____
Have frequent headaches?	_____	_____
Wear glasses, contacts, or positive eye wear?	_____	_____
Have a history of bed-wetting?	_____	_____
Have a problem with sleepwalking?	_____	_____
If female, have abnormal menstrual history?	_____	_____

Name of family physician _____

Office Phone _____ Address _____

Name of family dentist/orthodontist _____

Office Phone _____ Address _____

Use this space to provide any additional information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware.

Do advanced directives (living will, etc) exist for this camper? Yes No
 If yes, please send a copy with this registration.

Health History

The following information must be filled out by the parent/guardian, or adult camper, or staff member. The intent is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health care personnel upon camper's arrival at camp. Provide complete information so that the camp can be aware of your needs.

List all known allergies and describe the reaction and management of the reaction.

Medication Allergies _____

Food Allergies _____

Other Allergies _____

List all medications taken routinely, including over the counter and prescription drugs. Be sure to bring enough medication for the duration of the camp session. All medications must be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), name of the medication, the dosage, and the frequency of administration.

Med # 1 _____ Dosage _____ Times taken _____

Reason for taking _____

Med # 2 _____ Dosage _____ Times taken _____

Reason for taking _____

Med # 3 _____ Dosage _____ Times taken _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications the camper takes during the school year that the camper does not/may not take during the summer. _____

Restrictions at camp _____

